

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1949

State File No. 28256
7771

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 7 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,				d. STREET ADDRESS (If rural, give location) 4743 Alma Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Emil c. (Last) Kottmeier			4. DATE OF DEATH (Month) (Day) (Year) September 7 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 14, 1886			
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Business			10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME Henry Kottmeier			13b. MOTHER'S MAIDEN NAME Emma Jasper			14. NAME OF HUSBAND OR WIFE Minnie Kottmeier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 492-01-5531		17. INFORMANT'S SIGNATURE OR NAME Minnie Kottmeier			ADDRESS 4743 Alma St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus pneumonia and congenitive failure ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Pulmonary tuberculosis rise to the above cause, (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 wk 9 yrs.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 103					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X					
22. I hereby certify that I attended the deceased from Sept 6 , 19 49 , to Sept 7 , 19 49 , that I last saw the deceased alive on Sept 7 , 19 49 , and that death occurred at 8:00 Am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) JR Madley M.D.				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 9/7/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Vaihalia Mausoleum		24d. LOCATION (City, town, or county) (State) Afton, Mo.			
DATE REC'D BY LOCAL REG. SEP 7 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 11 1949

Pratt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

James C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.